

2755

## PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH 631

County Graham

BUREAU OF VITAL STATISTICS

State Index No. 32

District \_\_\_\_\_

## ORIGINAL CERTIFICATE OF DEATH

County Registered No. 26

Town \_\_\_\_\_

Local Registrar's No. 26

Or City \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Eleanor Ruth Woolsey

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED
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DATE OF BIRTH April 27 1913  
(Month) (Day) (Year)AGE 1 yrs. 4 mos. 6 days If less than 1 day, \_\_\_\_\_ hrs., or \_\_\_\_\_ min.OCCUPATION  
(a) Trade, profession or particular kind of work. baby  
(b) General nature of industry, business, or establishment in which employed or (employer) \_\_\_\_\_BIRTHPLACE (State or country) ArizonaNAME OF FATHER Arthur WoolseyBIRTHPLACE OF FATHER (State or country) UtahMAIDEN NAME OF MOTHER Loie RansomBIRTHPLACE OF MOTHER (State or county) Arizona

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_

(Address) \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL \_\_\_\_\_

DATE OF BURIAL OR REMOVAL \_\_\_\_\_

UNDERTAKER \_\_\_\_\_

ADDRESS \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1914  
(Month) (Day) (Year)I hereby certify, that I attended deceased from 9/2/14 1914 to 9/2 1914; that I last saw h.h. alive on 9/2/14 and that death occurred on the date stated above at 8:12 M. The DISEASE or INJURY causing Death was as follows: Intestinal convulsions3 hours (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ daysWas disease contracted in Arizona? Yes

If not, where? \_\_\_\_\_

CONTRIBUTORY \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) U.S. MartinSept 8 1914 (Address) Jefferson Ariz.

\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## LENGTH OF RESIDENCE

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In Arizona \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Former or Usual Residence \_\_\_\_\_

Filed 10/5 U.S. Martin Local RegistrarFiled 10/9 R. E. Dryden County Registrar

County Registrar

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.